DOCUMENT RESUME

ED 048 702 EC 031 974

TITLE	A Study of Handicapped Children and Youth.
INSTITUTION	Michigan State Dept. of Education, Lansing.
REPORT NO	R-1
PUB DATE	Feb 71
NOTE	47p.
EDRS PRICE	EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS	Educational Needs, *Educational Programs, *Exceptional Child Research, *Handicapped Children, *Incidence, *State Surveys
IDENTIFIERS	Michigan

ABSTRACT

The first of five reports on the results of a survey on services for handicapped children in Michigan, the document reports statewide data, implications, and recommendations. Tables present statistics which led to these conclusions: a statewide survey of handicapped children should be conducted every three years; legal provisions governing the delivery of special education programs and services should be modified to ensure that all children will be served; and regional planning, coordination, and evaluation of programs and services should be required. Background information and guidelines for conducting the study are included. (RJ)

EC031974

EDO 48702

MICHIGAN DEPARTMENT OF EDUCATION FEBRUARY, 1971

Report No. 1

a study of handicapped children and youth

CONDUCTED UNDER PUBLIC ACT 220 OF 1969

EC 031 974E

State Board of Education

	Term Expires
Edwin L. Novak, O.D., *President* Flint	Jan. 1, 1973
Michael J. Deeb, *Vice President* Detroit	Jan. 1, 1977
Dr. Gorton Riethmiller, *Secretary* Chelsea	Jan. 1, 1975
Thomas J. Brennan, *Treasurer* Dearborn	Jan. 1, 1979
Marilyn Jean Kelly Detroit	Jan. 1, 1977
Annetta Mill[illegible] Huntington Woods	Jan. 1, 1979
Dr. Charles E. Morton Detroit	Jan. 1, 1973
James F. O'Neil Livonia	Jan. 1, 1975

Dr. John W. Porter, *Superintendent of Public Instruction,*
Chairman, Ex-Officio

William G. Milliken, *Governor*
Member, Ex-Officio

EC031974

ED048702

FOREWORD

In August, 1969, the Michigan Legislature enacted Public Act 220. This Act requires local school districts in cooperation with intermediate school districts to conduct a survey of the handicapped children and youth in their communities and to develop a comprehensive plan to meet the educational needs of these handicapped persons.

The purpose of Public Act 220 is twofold.

The first purpose is to provide the Michigan Legislature with accurate information concerning the number and type of handicapped children and youth in Michigan and the services currently being provided for them. This information is to aid the Legislature in formulating statutory changes which will provide for adequate organization, programs, services and funding to meet the needs of the handicapped children in Michigan.

The second purpose of Public Act 220 is to insure that local school districts have the opportunity to assess the educational needs of their handicapped children and to develop educational plans to meet the needs of these children in their own communities.

This report is the first of a series of five reports designed to provide legislators, educators, school board members, and citizens in general with the pertinent information regarding the educational needs of Michigan's handicapped children and youth.

This first report approved for release by the State Board of Education was prepared by the staff of the Michigan Department of Education. Questions relative to the information it contains may be directed to the Special Education Services of this Department.

John W. Porter
State Superintendent of
Public Instruction

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

STATE SPECIAL EDUCATION ADVISORY COMMITTEE

	Term Expires
Dr. Geraldine Scholl, Chairman Ann Arbor	June 30, 1972
Henry J. Bothwell Marquette	June 30, 1971
Herschel W. Fort Detroit	June 30, 1971
Stephen M. Glaza Marshall	June 30, 1972
James Greiner Detroit	June 30, 1973
Marvin L. Howard Birmingham	June 30, 1973
Mrs. George Maniaci Gladstone	June 30, 1973
Dr. Roy Peterson Flint	June 30, 1971
Mathew Sierota Dearborn	June 30, 1972

PREFACE

This report is the first of five reports on the results of the Public Act 220 Study of Michigan's handicapped children and youth. Public Act 220 was enacted by the Michigan Legislature in August, 1969, for the purpose of obtaining basic information about the educational needs of Michigan's handicapped children and youth. The Legislature wanted this information to aid it in the preparation of legislation necessary to meet the educational needs of Michigan's handicapped children and youth.

Public Act 220 Report Number One contains general information concerning the numbers, types, and services presently available for handicapped children in the state of Michigan. In addition to the reporting of statewide data from the Public Act 220 Survey, the implications of this data and recommendations based upon this data are presented.

Subsequent reports on Public Act 220 will be as follows:

> Report Number Two; Information, Implications and Recommendations on Speech Correction Programs Based on the Public Act 220 of 1969 Study.
>
> Report Number Three; Information, Implications and Recommendations for Programs and Services for the Mentally Handicapped Based on the Public Act of 1969 Study.
>
> Report Number Four; Information, Implications, and Recommendations for Programs and Services for the Physically Handicapped Based Upon the Public Act 220 Study.
>
> Report Number Five; Information, Implications, and Recommendations for Programs and Services for the Emotionally Disturbed Based Upon the Public Act 220 Study.

In addition to the above mentioned reports, a compilation of statistical information from the Public Act 220 Study on statewide and a regional basis will be prepared.

STUDY PROBLEMS

The conduct of the Public Act 220 Study encountered the three problems of time delays at each phase, negative attitudes toward the study, and lack of interagency cooperation. The sources of these problems centered upon three factors.

First, the Public Act 220 Study was the first of its kind. There was no precedent to follow for a study that was so extensive. Act 220 set time limits on the study which particularly affected Phase II, the planning phase. Four of the 16 months allowed for the study by the Act were required for development and dissemination of the study guidelines and forms. Another four months was allotted to local and intermediate organization of study teams, data collection, and Phase I survey reporting. Many districts were unable to complete Phase I in this time and Phase I data was received throughout the summer even though it was supposed to be reported by April 15, 1970. Due to the time limits of the Public Act 220 Study, the planning phase fell during the summer months when most school personnel were not available. This caused considerable delay in the submission of Phase II plans by local and intermediate school districts as can be seen by Table 1. (See appendix A)

The second problem was the negative attitude of some local and intermediate school district personnel toward the study. Although the general cooperation of local and intermediate school districts was good, several factors adversely affected the attitude of these agencies toward the study. Among these factors are the following:

a. No funds available to defray the cost of the study.

b. The necessity to divert busy personnel from their normal tasks to the survey.

c. The timing of the study (especially Phase II).

The third and major problem that became evident as a result of the Public Act 220 Study was the general lack of interagency cooperation at the local and

intermediate/county levels. Although good cooperation existed in a few areas, this was usually due to a previously developed relationship between agencies. Poor interagency cooperation at the local level was characterized by the following types of behavior:

a. Refusal of an agency to allow access to information in its files.

b. Jurisdictional disputes over who should be serving which children.

c. Failure of the parent state agency to influence local and county units to cooperate in the study.

SURVEY DATA

The survey information submitted by local and intermediate school districts was processed by the Data Processing Section of the Michigan Department of Education in the summer and fall of 1970. Statewide summary information was available in printout form in mid-November, 1970.

The following three tables present a further distillation of the summary data from Phase I of the Public Act 220 Study. Table 2 contains the total number of students, ages 5-19, with each type of handicap reported in the Public Act 220 survey. The definitions of each type of handicap are contained in the Public Act 220 Guidelines contained in Appendix C. The incidence rate based upon the Public Act 220 information was obtained by dividing the total number of children, ages 5-19, identified in each handicap area by the Michigan population for ages 5-19 obtained from the U.S. Census Bureau in Detroit. The U.S. Office of Education incidence rate was obtained from the publication "Programs for the Handicapped" (U.S.O.E. September 4, 1970).

Table 3 contains selected information from the statewide summaries of handicapped children and youth ages 0-25 by category.

IMPLICATIONS OF SURVEY DATA

When comparing the incidence rates obtained from the Public Act 220 data with the U.S. Office of Education incidence rates only ages 5-19 were used so that direct comparisons could be made. The Public Act 220 data at both extremes of the age range (0-4, and 20-25 was sketchy and would seriously

distort the comparison. In addition, the U.S. Office of Education incidence rates were based only on ages 5-19.

The number of students identified as mentally handicapped in the Act 220 survey was very close to the number expected when the U.S. Office of Education incidence rate is applied. This data suggests that the incidence of mental retardation in Michigan is basically the same as the National incidence.

The number of visually handicapped children in Michigan appears to be double the number expected when the National incident rate is applied. This discrepancy may be due to any one or a combination of the following factors:

1. An excellent vision screening system in Michigan schools.
2. Differences in definition of "visually handicapped" between National and state agencies.
3. Epidemicalogical phenomenon affecting the vision of Michigan children differently than the Nation's children as a whole. The Michigan Department of Public Health's estimate of visually handicapped children agrees with the P.A. 220 study. Further investigation of the discrepancy between Michigan and National incidence rates for visually handicapped children is needed. In addition, the questions of what services are needed to meet the educational needs of visually handicapped children identified in the Act 220 study should be investigated.

The number of hearing impaired children identified by the Act 220 survey is approximately 60 percent of the number expected when the National incidence rate is applied. In addition, recent studies have suggested that the incidence rate for hearing impaired may be as high as 1.3 percent. Due to the discrepancies between these incidence rates, a careful study should be made of the rationale behind each incidence rate, and the types of educational services needed by children with varying degrees of hearing impairment.

The Michigan and National incidence rates for crippled and otherwise health impaired are nearly the same. This indicates that the number of crippled

and otherwise health impaired children in Michigan is nearly the number expected when applying National incidence rates.

The number of emotionally handicapped children indicated in the Public Act 220 survey was drawn from the combination of three categories, i.e., emotionally disturbed, socially maladjusted, and personal adjustment problems, used by local schools to identify children with related problems. When these three categories are combined the incidence rate for emotionally handicapped children in Michigan is approximately three-fourths of the National incidence rate. The reasons for this discrepancy need further investigation.

Multiply-handicapped children are those children who have more than one major disability such as the deaf-blind, blind-retarded, deaf-retarded, crippled-retarded, etc. The incidence rate for multiply-handicapped children from the Act 220 study appears to be only one-fifth of the National incidence rate. However, this discrepancy can be accounted for by the fact that all districts did not use the sub-categories under "Multiply Handicapped". As a consequence, children who should be listed as multiply-handicapped were listed under "Physically Handicapped" and "Mentally Handicapped". A more carefully controlled survey of the multiply-handicapped children in Michigan is needed to determine the extent of the educational services needed for these children.

Under the heading of "Other Conditions" the number of speech defective children supposedly identified on the Act 220 survey greatly exceeds the number expected when the National incidence rate is applied. This large discrepancy needs further explanation.

The categories of "Learning Disabilities" or "Perceptually Handicapped" are currently the subject of much controversy. The Act 220 figures in these categories reflect the lack of agreement on a definition for these categories. The State Board of Education has recently approved the study of the controversial area of learning disabilities which will result in recommendations for future action.

SPECIAL EDUCATION PROGRAMS AND SERVICES NEEDS

Table 3 contains a more detailed breakdown of the Act 220 data for each disability type. In addition to the total number of handicapped persons, ages 0-25, of each disability type, the number of handicapped persons in public and nonpublic schools, non-school operated programs, and out-of-school are indicated. The number of persons listed on the second page of Table 3 under "Awaiting Diagnosis" and "Diagnosed Awaiting Placement" give some indication of the need for educational services for the various types of handicapped children and youth. Column totals indicate that 36,200 children are suspected of being handicapped and awaiting diagnosis. In addition, 60,082 handicapped children have been diagnosed and are awaiting placement and 8,460 handicapped children listed as dropouts in Table 3. These preliminary figures indicate that over 100,000 handicapped children are in need of special education programs and services and do not presently receive them. The extent to which special class placement is used to meet the educational needs of each type of handicapped child may be estimated by comparing the "Total Number Identified" column with the "Special Class Placement" column. The extent of integration of handicapped children can be estimated by examining the columns titled "Regular Class Placement" and "Vocational Education."

Subsequent reports which explore the data for each type of handicapped child in greater detail will be prepared by the staff of the Michigan Department of Education.

CONCLUSIONS

As a result of the experience with the organization, conduct and results of Public Act 220, the following conclusions may be made:

Conclusion 1: A statewide survey of handicapped children and youth should be conducted every three years. This survey should be similar to Phase I of the Public Act 220 Study.

With the virtual elimination of the school census, local, intermediate, and state education officials have been without adequate information to determine what future services will be needed to meet the educational needs of Michigan's handicapped children and youth. Even the school census, as previously taken, did not provide information as complete or applicable as the information obtained in Phase I of the Act 220 Survey.

In order to effectively plan for expansion of educational programs and services for handicapped children and youth, adequate information on the number and type of handicapped children is essential. The experience gained by local, intermediate and state educators through the Public Act 220 survey will serve as a basis for modification of survey forms, guidelines, and procedures will make subsequent survey information even more useful.

There is a great need to identify handicapped children as soon as possible. Also, if the State Board of Education is to evaluate the effectiveness of on-going special education programs, the basic information provided by a state-wide survey of handicapped children and youth is essential. However, due to the enormity of the survey task it would be practical to limit the conduct of survey to once every three years.

Conclusion 2: The legal provisions governing the delivery of special education programs and services should be modified. Modifications of the statutes and the administrative rules and regulations are necessary in order to assure the delivery of appropriate educational programs and services to every handicapped child in Michigan.

The data from the Act 220 survey clearly indicates that thousands of Michigan's handicapped children are not receiving the educational programs and services that they need. One of the major barriers to the delivery of special education programs and services is the permissive nature of current statutes which allow school districts to avoid serving handicapped children.

In addition, current statutes and rules and regulations contain a patchwork of provisions which often hinder and sometimes even prevent the delivery of

special education programs and services to handicapped children. Additional patchwork will not effectively deal with this problem.

It is recommended that all of the provisions of the school code which affect educational programs and services for handicapped children be dealt with at one time in a coordinated manner.

Conclusion 3: Regional planning, coordination, and evaluation of special education programs and services should be required.

Phase II of Public Act 220 illustrated graphically that not only was comprehensive planning of special education programs and services inadequate in many intermediate school districts, but had been completely neglected in other intermediate districts. (See Table 1.)

In order to avoid costly duplication of services as well as assure the coordinated delivery of special education programs and services, comprehensive planning at the state and intermediate school district or regional level is essential.

RECOMMENDATIONS BASED ON CONCLUSIONS

Recommendations based on the conclusions concerning a statewide survey of handicapped children and youth every three years include the following actions:

1. A statute mandating a statewide comprehensive survey of handicapped children and youth during the 1972-73 school year and every third year thereafter should be passed by the Michigan Legislature. This legislation should follow the general format of Public Act 220 of 1969 (Section 340.780a of the School Code). This legislation must also mandate the cooperation of other state and local agencies in subsequent surveys. Proposed legislation to implement this recommendation is contained in Appendix B.
2. The forms, guidelines, and procedures for the survey must be modified by the Michigan Department of Education to eliminate the problems encountered in the Public Act 220 survey.

3. The Michigan Department of Education and intermediate school districts must begin immediately to establish and improve interagency cooperation so that subsequent surveys will produce as accurate and broad-based information as possible.

Recommendations based on the conclusions concerning the legal provisions governing the delivery of special education programs and services include the following actions:

1. A statutory reform of special education laws should be enacted. This statutory reform should include (1) mandatory provisions which require all local school districts to provide educational programs and services for their resident handicapped children; (2) provisions which fix accountability for the delivery of special education programs and services to assure that the intermediate school district will be held responsible to see that handicapped children in their constitutent school districts actually receive appropriate educational programs and services; and (3) a provision which requires state and intermediate school district comprehensive planning for the delivery of special education programs and services.

   (Note: A legislative proposal as described above has been developed over the past year by the Michigan Association for Retarded Children. This legislative proposal has been refined in a series of meetings and hearings at which staff members of the Michigan Department of Education, and members of the State Special Education Advisory Committee have participated. A detailed report on this legislative proposal is being prepared for presentation to the State Board of Education at a later date.)

2. The staff of the Michigan Department of Education should prepare recommendations for rules and regulation changes necessary to

eliminate impediments in the delivery of special education programs and services to handicapped children. These recommendations for rules and regulation changes will be based upon the reports of three special study committees[1], Public Act 220 information, goals, and strategies contained in the State Plan for the Delivery of Special Education Programs and Services.

3. In order to implement the recommendations for requirements of regional planning, coordination, and evaluation of special education programs and services, the following actions should be taken.

   a) Legislation should be enacted to require regional planning, coordination, and evaluation of special education programs and services.

   b) The staff of the Michigan Department of Education should continue to encourage the development of larger intermediate or regional educational units for the delivery of all educational programs and services including special education.

---

[1]Michigan Special Education Finance Committee Final Report (1968)

Preliminary Report, Michigan Administrative Code Committee on Special Education (1969)

Michigan Special Education Committee on Certification of Teachers of the Handicapped (1970)

Appendix A

TABLES 1-3

TABLE 1

Intermediate School Districts Submission of Comprehensive Plans
In Compliance with Public Act 220
of 1969

Intermediate School District Code Number	Intermediate School District Name	Date of Compliance, Receipt of P.A. 220 Comprehensive Plan
03	Allegan	9-28-70
04	Alpena-Montmorency-Alcona	Not received
08	Barry	Not received
09	Bay-Arenac	1-6-71
11	Berrien	Not received
12	Branch	Not received
13	Calhoun	Not received
14	Cass	2-1-71
15	Charlevoix-Emmet	11-16-70
16	Cheboygan-Otsego-Presque Isle	Not received
17	Eastern Upper Peninsula (Chippewa, Luce, Mackinaw)	Not received
18	Clare	Not received
19	Clinton	9-16-70
21	Delta-Schoolcraft	9-30-70
22	Dickinson-Iron	11-27-70
23	Eaton	Not received
25	Genesee	10-14-70
26	Gladwin	9-30-70
27	Gogebic-Ontonagon	2-3-71
28	Traverse Bay Area (Grand Traverse, Benzie, Kalkaska, Leelanau, Antrim)	11-4-70
29	Grationt-Isabella	Not received
30	Hillsdale	12-21-70
31	Copper Country (Houghton, Baraga, Keweenaw)	11-23-70
32	Huron	8-31-70
33	Ingham	9-15-70
34	Ionia	Not received
35	Iosco	12-9-70
38	Jackson	Not received
39	Kalamazoo Valley	10-5-70
41	Kent	12-3-70
43	Lake	9-1-70
44	Lapeer	9-2-70
46	Lenawee	11-17-70
47	Livingston	9-15-70
50	Macomb	11-18-70
51	Manistee	9-14-70
52	Marquette-Alger	12-29-70
53	Mason	1-7-71
54	Mecosta-Osceola	11-9-70
55	Menominee	Not received
56	Midland	Not received
58	Monroe	Not received
59	Montcalm Area	Not received

Intermediate School District Code Number	Intermediate School District Name	Date of Compliance, Receipt of P.A. 220 Comprehensive Plan
61	Muskegon Area	11-9-70
62	Newaygo	11-18-70
63	Oakland Schools	9-2-70
64	Oceana	9-2-70
70	Ottawa Area	8-24-70
72	COOR (Crawford, Oscoda, Ogemawn, Roscommon)	Not received
73	Saginaw	12-29-70
74	St. Clair	Not received
75	St. Joseph	9-12-70
76	Sanilac	9-2-70
78	Shiawassee	12-10-70
79	Tuscola	9-13-70
80	Van Buren	9-1-70
81	Washtenaw	11-18-70
82	Wayne	12-8-70
83	Wexford-Missaukee	8-31-70

TABLE 2

Comparison of Public Act 220 and U.S. Office of Education
Incidence Rates for Various Types of Handicapped Children

Disability Type	Public Act 220 Total (ages 5-19)	P.A. 220* Incidence Rate	U.S.O.E. Incidence Rate
Mentally Handicapped			
Educable Mentally Handicapped	51,935	.023000	.020000
Trainable Mentally Handicapped	6,482	.002964	.003000
Severely Mentally Handicapped	1,815	.000829	.001000
Physically Handicapped			
Visually Handicapped	4,809	.002199	.001000
Blind	1,237	.000565	
Partially Seeing	3,572	.001633	
Hearing Impaired	6,757	.003089	.005000
Deaf	1,540	.000704	
Hard of Hearing	5,217	.002385	
Crippled and Otherwise Health Impaired	11,725	.005361	.005000
Crippled	10,847	.004960	
Otherwise Health Impaired	878	.000401	
Emotionally Handicapped	32,874	.015033	.020000
Emotionally Disturbed	27,927	.012770	
Socially Maladjusted	1,529	.000699	
Personal Adjustment Problems	3,418	.001563	
Multiply Handicapped	281	.000128	.000500
Deaf-Blind	23	.000010	
Blind-Mentally Handicapped	41	.000018	
Deaf-Mentally Handicapped	41	.000018	
Crippled-Mentally Handicapped	176	.000080	
Other Conditions			
Speech Defective	131,901	.060316	.035000
Learning Disabled	10,146	.004639	.010000
Perceptually Handicapped	1,386	.000633	
STATE TOTAL	260,120		.100350

*Based on U.S. Census Bureau estimated Michigan age 5-19 population for 1969 of 2,186,777

TABLE 3
PUBLIC ACT 220 SURVEY
Summary Information

Disability Type	Total Number Identified (0-25)	School Programs		Non-School Programs				Out of School		
		Attending Public Schools	Attending Non-Public Schools	Parent-Operated Centers	State Oper. Prog.		Sheltered Wksps.	Legally Excluded	Listed as Dropouts	High School Grad.
					Day Training	Residential				
Mentally Handicapped										
Educable M. H.	57,387	47,623	1,610	62	64	445	94	297	5,019	9,357
Trainable M. H.	7,641	4,258	171	289	385	844	145	167	150	14
Severely M. H.	2,441	171	98	178	522	671	53	96	46	2
Physically Handicapped										
Visually Handicapped										
Blind	1,442	548	37	3	1	86	4	22	22	60
Partially Seeing	4,029	2,814	306	2	1	15	1	20	115	271
Hearing Impaired										
Deaf	1,932	1,309	167	5	12	109	2	9	48	79
Hard of Hearing	5,693	4,401	283	3	4	36	3	10	82	212
Crippled	13,810	8,066	2,406	32	40	53	50	155	517	1,316
Other Health Impaired	1,009	621	12	4	0	0	36	4	14	44
Emotionally Handicapped										
Emotionally Disturbed	29,058	23,899	1,086	13	245	412	8	146	929	429
Socially Maladjusted	1,779	1,192	17	0	0	0	0	0	555	0
Personal Adjustment	3,448	3,083	321	0	4	104	6	17	64	6
Multiply Handicapped										
Deaf-Blind	40	18	4	0	0	5	0	0	1	1
Blind-Retarded	49	28	1	0	1	5	3	1	5	0
Deaf-Retarded	46	33	0	1	1	2	2	0	2	3
Crippled-Retarded	204	108	4	10	15	21	20	3	7	4
Other Conditions										
Speech Defective	133,854	116,638	14,785	525	70	5	786	52	119	213
Learning Disabled	10,319	8,765	517	0	0	1	0	11	593	139
Perceptually Handicapped	16,033	13,070	960	0	4	8	2	43	172	243
STATE TOTAL	290,214	236,645	22,785	1,127	1,369	2,822	1,215	1,053	8,460	12,393

Important Notes:
1. The categories listed above are not mutually exclusive as some students are recorded in more than one category.
2. To obtain numbers of students not served in each category, add the three categories under "Out of School", "Awaiting Diagnosis" and "Diagnosed Awaiting Placement".

TABLE 3
PUBLIC ACT 220 SURVEY
Summary Information (Continued)

Disability Type	Awaiting Diagnosis	Diagnosed Awaiting Placement	Regular Class Placement		Special Class Placement	Vocational Education		
						Special Ed. Operated	Vocational Ed. Operated	
			Full Time	Part Time		Work Experience	Class	Work Experience
Mentally Handicapped								
Educable M. H.	10,995	4,979	16,399	8,054	30,387	2,225	1,440	282
Trainable M. H.	265	384	136	9	3,887	14	15	13
Severely M. H.	194	242	7	2	226	2	0	2
Physically Handicapped								
Visually Handicapped								
Blind	14	37	128	26	387	1	8	4
Partially Seeing	448	182	2,394	28	438	2	16	7
Hearing Impaired								
Deaf	22	50	162	72	1,194	2	28	6
Hard of Hearing	551	395	3,428	74	682	3	20	11
Crippled	856	1,779	6,144	4,257	2,346	21	152	88
Other Health Impaired	137	25	482	6	15	1	0	11
Emotionally Handicapped								
Emotionally Disturbed	6,699	2,414	18,481	374	1,760	7	30	45
Socially Maladjusted	2	52	346	246	814	12	2	0
Personal Adjustment	81	195	2,219	17	99	22	1	1
Multiply Handicapped								
Deaf-Blind	3	5	11	1	10	1	0	0
Blind-Retarded	3	8	4	1	23	0	0	0
Deaf-Retarded	2	2	1	8	32	2	0	0
Crippled-Retarded	14	31	17	5	87	1	0	2
Other Conditions								
Speech Defective	7,780	45,277	95,400	742	2,962	3	2	4
Learning Disabled	3,314	845	6,825	298	369	1	0	0
Perceptually Handicapped	4,820	3,180	12,974	249	782	0	53	10
STATE TOTAL	36,200	60,082	165,558	14,469	46,500	2,320	1,767	486

Important Notes:
1. The categories listed above are not mutually exclusive as some students are recorded in more than one category.
2. To obtain numbers of students not served in each category, add the three categories under "Out of School", "Awaiting Diagnosis" and "Diagnosed Awaiting Placement".

Appendix B

RECOMMENDED

LEGISLATION TO REQUIRE

TRI-ANNUAL SURVEY

OF HANDICAPPED CHILDREN

AND YOUTH IN MICHIGAN

An Act to amend Act 269 of 1955 by amending Section 780a.

The People of the State of Michigan Enact:

Section 780a. A school district operating schools, except a district proceeding under provisions of section 778 shall complete on or before December 15 of 1972 and every third year thereafter, a survey of handicapped children and youth. This survey shall be conducted in cooperation with the intermediate school district in accordance with guidelines and procedures established by the Michigan Department of Education. The Department shall submit a report of findings to the Legislature on or before May 1, following each survey. This report shall include any recommended legislation which may be required to guarantee educational programs and services to meet the needs of all handicapped children up to the age of 25 years, including those attending public and nonpublic schools. Each intermediate school district coordinating this survey shall have the full cooperation of this state, or of any county, municipality, or other civil or political subdivision thereof, including any department, agency or instrumentality thereof, in order to complete such survey.

Appendix C

PUBLIC ACT 220

GUIDELINES

BACKGROUND INFORMATION

and

GUIDELINES FOR CONDUCTING STUDIES OF THE EDUCATIONAL NEEDS OF HANDICAPPED CHILDREN IN MICHIGAN

Phase I

In accordance with Act 220, P.A. 1969

August 6, 1969

STATE BOARD OF EDUCATION
Michigan Department of Education
Lansing, Michigan

FOREWORD

In accordance with the provisions of Act 220, of the Public Acts of 1969, the State Board of Education is hereby submitting to intermediate and constituent school districts Phase I of the guidelines and procedures for studying educational programs and provisions to meet the needs of handicapped children. Guidelines for Phase II of these studies are being developed and the State Board of Education hopes to approve these for mailing by January, 1970.

Administrators will note that, in addition to some background information about the Act, the guidelines include suggestions for the use of local agencies, the selection of a survey team, survey procedures, data processing and reporting, a procedural time schedule, and an appendix including definitions to be used in the studies.

Administrators should also note that the Act specifies that these studies, including Phases I and II, are to be completed by September, 1970.

John W. Porter
Acting Superintendent of
Public Instruction

TABLE OF CONTENTS

	Page
1.0 Introduction	1
1.1 Public Act 220	1
1.2 P.A. 220 Requirements	1
2.0 Purpose of the Study	1
2.1 Legislative Information	1
2.2 Local District Planning	1
3.0 Study Phases	2
3.1 Phase I	2
3.2 Phase II	2
4.0 Interagency Cooperation	2
4.1 Intermediate-Local Cooperation	2
4.2 State Departments	2
4.3 Community Agencies	2
4.4 Regional Interagency Committee on Mental Retardation	2
4.5 Local Mental Health Agencies	3
4.6 Vocational Rehabilitation	3
5.0 Survey Team	3
5.1 Composition of the Team	3
5.2 Intermediate District Responsibility	3
6.0 Survey Procedures	3
6.1 Data Collection	3
6.11 School District Records	3
6.12 Community Agency Records	4
6.13 Institutionalized Children	4
6.14 Transient and Migrant Families	4
6.2 Data Processing	4
6.3 Data Reporting Procedures	4
6.31 Data Forms	4
6.32 Collection Steps	5
6.33 Data Dissemination	5
6.34 List of Forms	5
7.0 Phase I Time Schedule	6
7.1 Time Schedule	6
7.2 Phase II Preliminary Planning	6

		Page
8.0	Appendix A	7
8.1	Definition of Educable Mentally Handicapped	7
8.2	Definition of Trainable Mentally Handicapped	7
8.3	Definition of Severely Mentally Handicapped	7
8.4	Identification of Emotionally Disturbed	8
8.5	Identification of Blind and Partially Seeing	8
8.6	Finding Children with Hearing Problems	9
8.7	Identification of the Orthopedically Handicapped (Crippled)	9
8.8	Definition of Speech Handicap	10
8.9	Definition of "Other Conditions"	10
9.0	Appendix B	
	Data Reporting Forms	

State Board of Education
MICHIGAN DEPARTMENT OF EDUCATION
Bureau of Educational Services
Division of Special Education

BACKGROUND INFORMATION AND GUIDELINES FOR STUDYING EDUCATIONAL PROGRAMS AND NEEDS OF HANDICAPPED CHILDREN IN MICHIGAN
(In accordance with Act 220, Public Acts of 1969)

1.0 INTRODUCTION

On August 6, 1969, the Governor of Michigan signed Public Act 220 of 1969, being Sec. 340.780a of the School Code of 1955 (See pg. 229 of the School Code) with immediate effect.

This Act amends Act 269 of 1955 by adding Section 780a which follows:

1.1 Sec. 780a. A school district operating schools, except a district proceeding under the provisions of section 778, shall have completed as of September 1, 1970, a study of educational programs and provisions to meet the needs of handicapped children and vocational educational needs of the district and have formulated a plan for establishment of such programs and provisions. The study shall be conducted in cooperation with the intermediate district in accordance with guidelines and procedures established by the state department of education. The department shall submit a report of findings to the legislature on or before January 1, 1971, including any recommended legislation which may be required to guarantee the educational needs of handicapped children and vocational educational needs. The survey of needs and provisions for service shall include all children up to the age of 21 years, including those attending public and nonpublic schools, in accordance with guidelines established by the department of education.

1.2 Public Act 220 requires that local school districts conduct a study of the educational needs of the handicapped children of the district and submit a plan for meeting those needs to the State Department of Education by September 1, 1970. This study must be conducted in cooperation with the intermediate school district. The guidelines for this study are presented below.

2.0 PURPOSE OF THE STUDY

The purpose of Public Act 220 is twofold.

2.1 The first purpose is to provide the legislature with accurate information concerning the number, type, and services now available for handicapped children. This information should aid the legislature in formulating Legislation which will provide for adequate organization, services, and funding to meet the needs of the handicapped children of Michigan.

2.2 The second purpose of Public Act 220 is to give the local school districts the opportunity to assess the educational needs of their handicapped children, and to develop educational plans to meet the needs of these children in their own community.

3.0 P.A. 220 STUDY PHASES

The study should be divided into two phases.

3.1 Phase I will consist of a survey of the number, type, and educational needs of the handicapped children in each local school district. The guidelines for Phase I are included in this document. In order to allow adequate time for planning, Phase I should be completed no later than April 15, 1970.

3.2 Phase II of Public Act 220 will be the development of a comprehensive plan for meeting the educational needs established by Phase I. By law Phase II must be completed and submitted to the State Department of Education by September 1, 1970. The guidelines for Phase II will be distributed to local school districts through the intermediate school districts in January, 1970.

IMPLEMENTATION OF PHASE I

4.0 INTERAGENCY COOPERATION

4.1 The cooperation between the intermediate school district and the local school district is required by P.A. 220. It is important that this cooperation be initiated by the intermediate school district as soon as possible. The leadership of the intermediate school district and the cooperation between local and intermediate school districts should be continuous throughout the study.

4.2 The cooperation of other agencies is essential to the success of this study. The active cooperation of the State Department of Health, Department of Mental Health, and Regional Interagency Committees on Mental Retardation have already been secured. Assurances of cooperation have also been received from non-governmental agencies such as the Michigan Association for Retarded Children, the Michigan Association for Emotionally Disturbed Children, United Cerebral Palsy, etc. The United Fund or Community Chest should have a list of these local agencies.

4.3 The local branches and/or chapters of the above agencies have been instructed to aid in the P.A. 220 study whenever possible. Contact should be made with these and other local agencies to assure that no child with a special need is overlooked.

4.4 The Regional Interagency Committee on Mental Retardation should be asked to do two things.

(a) It should be asked to work with the survey teams to assist in publicizing the purpose and procedures of the study. This should probably be done through a public meeting in each intermediate district.
(b) The Regional Interagency Committee should be requested to present to the survey team a survey of the needs of the mentally retarded and a comprehensive plan of services for the mentally retarded. The plan

should include all ages, educational programs (including pre-vocational and vocational education), day training, adult activities, sheltered workshop, respite care, diagnosis and evaluation, lifetime counseling, and sheltered living or any other services felt necessary.

4.5 The Department of Mental Health contracts with several types of local agencies which should be involved in the P.A. 220 study. Public Act 54 Boards provide day-training services for the severely mentally handicapped. Child Guidance Clinics provide services for emotionally disturbed children.

4.6 Many school districts operate cooperative agreements with the Division of Vocational Rehabilitation. The Special Education-Vocational Rehabilitation Cooperative Projects can furnish the names of all rehabilitation clients receiving services through the cooperative agreements.

5.0 SELECTION OF THE SURVEY TEAM

5.1 The selection of the survey team for each school district is very important. The survey team should include at least one person from each of the following agencies:

local school district
intermediate school district
local mental health agency
local health agency
regional interagency committee on mental retardation
local parent organization (MARC, MAEDC, etc.)
other appropriate organizations

5.2 Where there is a local director of special education, he should be actively involved in the study. Regularly scheduled meetings of the survey team should be held to continually assess the progress of the survey. The intermediate district will coordinate the activities of the survey team whether they function locally or at the intermediate level.

6.0 SURVEY PROCEDURES

6.1 Data Collection - The collection of information should include all of the sources within the district which keep records of children who deviate from the "normal" either physically, socially, or mentally, to the extent that they require modification of, or addition to, regular school programs. These information sources should include the following:

6.11 School District Records
- a. CA 60's
- b. lists of students currently being served in special education programs
- c. lists of students referred awaiting diagnosis
- d. lists of students diagnosed awaiting placement

e. lists of students suspended, expelled, or excluded
f. lists of all drop-outs under age 21
g. list of former special education students who have graduated but are under 21
h. May, 1969, school census
i. list of local students being served by intermediate or other school district program
j. other appropriate sources

6.12 Community Agency Records
a. list of persons 0-21 who have received services from the agency in the last two years
b. list of persons 0-21 waiting for diagnosis by the agency
c. list of persons 0-21 diagnosed but on waiting list for agency service
d. list of persons 0-21 referred to other agencies for service
e. registers of handicapped persons kept by agencies, i.e., local health departments
f. local court records

6.13 Lists of institutionalized children will be available through joint efforts of the State Departments of Mental Health, Social Services, Education, and other appropriate agencies.

6.14 The problem of children of transient families and migrant families should be noted. The transient family is that which may be in and out of a school several times a year or in several schools during a year. It is suggested that schools be specifically asked to see that such children from both types of families are not overlooked.

6.2 Data Processing - Each local survey team should establish the procedures which will be used to collect the data. The data will consist of enumeration and/or listing children 0-21 who come under the definitions supplied in Appendix A, as well as categorical totals as indicated in the forms.

A centralized data collection and processing station should be established by the intermediate survey team. After the initial survey data has been received from all the cooperating agencies, the survey team must check for duplication of data from different agencies. Each case should be listed only once on the total categorical sheet.

When duplications have been eliminated, the final compilation of data by categories should be made.

6.3 Data Reporting Procedures

6.31 The data for Phase I will be reported on two series of forms. Forms SE-4180 and SE-4181 will be used to report information on individual cases in some categories. Form SE-4181 will be used to report categorical totals. The definition of the children to be reported is printed in Appendix A. The forms are printed in Appendix B.

6.32 The first step of data collection would be the completion of Forms SE-4180 and SE-4181 by the local district and the community agencies. The second step would be the compilation and transfer of this information to composite versions of these forms by the survey team.

6.33 Copies of these forms will be kept in the intermediate and local school district offices. Copies of the composite forms for each local district will be forwarded to the State Department of Education, Division of Special Education, by the intermediate office.

6.34 The forms used in Phase I of the Public Act 220 Study provide a series of boxes which must be checked to indicate the disability area reported on that form. Only one disability area should be reported on one form. Form SE-4181 is required for all disability areas. Form SE-4180 is required for all disability areas except educable mentally handicapped, emotionally disturbed, and speech handicapped. These forms may be used for initial data gathering as well as for the final composite reports.

The forms required for each area are listed below.

Type of Children	Individual Report Form SE-4180	Categorical Report Form SE-4181
Educable Mentally Handicapped	not required	required
Trainable Mentally Handicapped	required	"
Severely Mentally Handicapped	"	"
Emotionally Disturbed	not required	"
Legally Blind	required	"
Partially Seeing	"	"
Deaf	"	"
Hard of Hearing	"	"
Deaf-Blind	"	"
Physically Handicapped (Crippled)	"	"
Otherwise Health Impaired	"	"
Speech Handicapped	not required	"
Other Conditions (to be specified)	required	"

7.0 PHASE I TIME SCHEDULE

7.1 The following is a suggested time schedule for completion of Phase I of the Public Act 220 Study.

Receipt of Phase I Guidelines from State Department of Education	December 15, 1969
Formation of Local Survey Team	January 1, 1970
Local Survey Plans Completed	February 15, 1970
Data Collection Completed	April 1, 1970
Data Collected and Final Survey Reports Returned to Intermediate Office and State Department of Education	April 15, 1970
Receipt of Phase II Guidelines from State Department of Education	January, 1970

7.2 Phase II may be started before Phase I is completed if sufficient information is available for preliminary planning.

8.0 APPENDIX A

Appendix A includes brief definitions or instructions for identification of the categories of handicapped children used in the Public Act 220 survey. More detailed definitions or identification instructions can be obtained by consulting either the local or intermediate director of special education.

8.1 Definition of Educable Mentally Handicapped (Note Second Paragraph)

The three primary areas which tend to provide reliable estimates of mental ability are: (1) group test scores--students obtaining a score two or more standard deviations below the mean test score of the test score of the test standardization group, (2) age factor--a given student is over age for current grade placement by at least two years or more and is unable to meet the demands of his present academic placement, and (3) reading scores--students whose test performance on reading tests indicate at least two years or more retardation when compared with the level of normal expectancy.

A pupil should be considered a candidate for special class placement for the educable mentally handicapped; if after a diagnostic study and a review of the existing school records, evidence strongly suggests the presence of mental retardation. Such students should be included in the survey under the category of educable mentally retarded.

These educable children must be potentially socially and economically independent.

8.2 Definition of Trainable Mentally Handicapped

A trainable individual, as determined through adequate diagnostic study:

(a) is between the ages of 0-21 years.
(b) is developing at approximately the rate of 1/3 to 1/2 of the normal child, or whose intelligence quotient is roughly between 30 and 50 as determined by tests.
(c) is ineligible for classes for the educable mentally handicapped.
(d) has potential of self-care, social adjustment to home and neighborhood and for economic usefulness in the home or the community sheltered work situation.

8.3 Definition of Severely Mentally Handicapped

A pupil to be considered severely mentally handicapped should meet the following criteria:

(a) have less than a 30 I.Q. on an individual intelligence test.
(b) have potential for learning basic self-care.
(c) not eligible for a trainable program.
(d) can profit from a day training or day care program.

8.4 Identification of Emotionally Disturbed

8.41 Any child having been diagnosed as emotionally disturbed by a psychiatric clinic, state hospital or psychiatrist.

8.42 Any child who has been identified by a social worker or psychologist because of probable emotional disturbance based on behavioral problems and who needs to be placed in a classroom or consultant program for emotionally disturbed.

8.5 Identification of the Blind and Partially Seeing

(1) Eligibility of Pupils:

Children and youth are eligible for state reimbursed programs for the blind and partially seeing up to the age of 25 years, who, by reason of their having visual handicaps, are considered by the local educational planning team to have educational problems which cannot profitably be solved within regular classroom programs.

This category of disability identifies students as being eligible for enrollment in approved Type I classes for the blind and partially seeing students, as well as those enrolled in teacher counselor programs for the physically handicapped.

(2) Formal and Legal Stipulations:

According to Section 340.771 (Michigan General School Laws Manual), this group may be defined as "blind or having defective vision," and involves children enrolled "upon a certified diagnosis of physical defect by competent and appropriate professional authorities acceptable to and according to standards set by the Superintendent of Public Instruction". Administrative rules further stipulate that these children be examined by a member of the American Board of Ophthalmology:

R340.981 - 1. The pupil or pupils to be enrolled in this program shall be examined each year by a member of the American Board of Ophthalmology, or its equivalent, and they shall be found to be blind or partially seeing; except when, in the opinion of said examiner, the vision loss is deemed to be chronic, and an annual statement to that effect may be used in lieu of the annual examination.

(3) Medical Definition:

Members of the American Board of Ophthalmology in the State of Michigan generally ascribe to the following definitions:*

Disability type: (a) Blind - the blind are those who have a central visual acuity of 20/200 or less in the better eye, after correction, or a peripheral field so restricted that the widest diameter of such field subtends an angular distance no greater than 20 degrees.
(b) Partially Seeing - those with a central visual acuity between 20/70 and 20/200 in the better eye after correction. (The term "correction" is not inclusive of low-vision aids.)

Special consideration is given by the examining ophthalmologist to other children who are thought to have a handicapping vision problem.

*Sources: Eye Care Committee of the Michigan State Medical Society; Michigan Ophthalmological Society; Vision Section of the Michigan Department of Public Health

8.6 Finding Children with Hearing Problems

Some hearing losses are permanent and others are correctible through medical treatment. In Michigan each one of the 83 counties has access to hearing testing programs. These are usually conducted by local health departments. Most county health departments in Michigan have information on the medical and educational status of school children with hearing losses. Some county health departments have hearing testing for children from 0-5 years. In these counties both early medical and educational intervention can be done at the most optimal period for this type of follow up.

Each county or local health department will be able to supply a list of persons 0-21 who are classified as either deaf or hard of hearing. The intermediate or local survey team is responsible for contacting the appropriate health agency for this information.

Suggestions for implementing the survey of section 8.6 will be enclosed with the guidelines.

8.7 Identification of the Orthopedically Handicapped (Crippled)

Formal and Legal Definitions. According to Section 340.771 (Michigan General School Laws Manual) this group is defined as "crippled and/or otherwise physically handicapped" or "by reason of having epilepsy," and involves children who have been found upon examination by a member of the American Board of Orthopedic Surgeons to have "a crippling condition," or by an internist, neurologist, or pediatrician who is a member of his respective American Board, or its equivalent to be "otherwise physically handicapped".

The disability type has been further characterized thus: An orthopedic child is one who is defective in bone, joint or muscle to the extent that he requires special services in order that he may develop to the limit of his potential, physically, intellectually and socially. Such a child may be handicapped by cerebral palsy, polio, muscular dystrophy, heart condition, or be otherwise physically handicapped.

The category of "otherwise physically handicapped" may be considered inclusive of the learning disabled child under Michigan law. The 1969 definition of learning disabilities used in the Bureau of Education for the Handicapped says:

> Children with special learning disabilities exhibit a disorder in one or more of the basic psychological processes

involved in understanding or using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicap, brain injury, minimal brain dysfunction, dyslexia, aphasia, etc. They do not include learning disabilities which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbances, or environmental disadvantage.

8.8 Definition of Speech Handicap

A child is considered to have a speech handicap when his speech deviates from normal to the extent that communication is seriously impaired and/or inefficient. Therefore professional help is required to enable the child to communicate adequately.

Speech handicaps may include:
- Serious articulation problems
- Non-fluency (stuttering)
- Cerebral Palsy speech
- Cleft Palate speech
- Delayed language
- Deaf speech
- Voice defects

8.9 Definition of "Other Conditions"

This category is included to allow the local survey team to include those children who need a modification of the regular school program but do not fit any of the categories defined above. When the survey team uses the "other conditions" category, they should clearly define the conditions which lead them to identify the listed children.

GUIDELINES FOR CONDUCTING STUDIES OF THE EDUCATIONAL NEEDS OF HANDICAPPED CHILDREN IN MICHIGAN

Phase II

In accordance with Act 220, P.A. 1969

August 6, 1969

STATE BOARD OF EDUCATION
Michigan Department of Education
Lansing, Michigan

State Board of Education
MICHIGAN DEPARTMENT OF EDUCATION
Bureau of Educational Services
Division of Special Education

BACKGROUND INFORMATION AND GUIDELINES FOR STUDYING EDUCATIONAL PROGRAMS AND NEEDS OF HANDICAPPED CHILDREN IN MICHIGAN
(In Accordance with Act 220, Public Acts of 1966)

1.0 INTRODUCTION

2.0 PURPOSE OF THE STUDY

3.0 STUDY PHASES

Review the above sections of the Phase I Guidelines

IMPLEMENTATION OF PHASE II

4.0 LOCAL SCHOOL DISTRICT RESPONSIBILITY

4.1 The cooperation between local school districts and the intermediate school district is required by P.A. 220. The local school district must cooperate with the intermediate school district in area or intermediate district program planning.

4.2 The local school district is responsible for contacting <u>local</u> community agencies to continue their cooperation from Phase I and Phase II.

4.3 The local school district is responsible for informing the intermediate school district of its preliminary planning for Phase II on or before July 1, 1970.

4.4 The local district will submit its final plan to meet the needs of its resident handicapped children and youth to the intermediate school district on or before August 1, 1970.

5.0 INTERMEDIATE SCHOOL DISTRICT RESPONSIBILITY

5.1 The intermediate school district will keep its constituent districts informed of the developments in the P.A. 220 study.

5.2 The intermediate school district is responsible for cooperation between the ISD and its constituent school districts.

5.3 The intermediate school district is responsible for providing contacts with <u>area</u> community agencies to continue cooperation from Phase I to Phase II.

5.4 The ISD is responsible for providing assistance to local districts during Phase II upon request.

5.5 The ISD <u>must</u> submit a coordinated area-wide plan for meeting the needs of its resident handicapped children and youth to the State Department of Education on or before September 1, 1970.

5.6 The ISD must forward the plans of its constituent districts to the State Department of Education on or before September 1, 1970.

6.0 PLANNING COMMITTEE

6.1 Local Planning Committees

6.11 Wherever feasible, local planning committees should include representation from the ISD and local community agencies.

6.12 Each local school district must submit its plan for meeting the educational needs of its resident handicapped children and youth through the intermediate school district, to the State Department by September 1, 1970. Each local plan must be coordinated with the intermediate district plan.

6.2 Intermediate Area-Wide Planning Committee

6.21 The ISD Planning Committee should include representation from its constituent districts and community agencies. (See Section 4.0 of Phase I Guidelines).

6.22 The ISD Planning Committee is responsible for developing an area-wide plan for meeting the educational needs of its resident handicapped children and youth. This area-wide plan must be submitted to the State Department of Education on or before September 1, 1970. The area-wide plan must attempt to coordinate the plans of the constituent school district within its jurisdiction.

7.0 LOCAL AND INTERMEDIATE PLAN FORMAT

7.1 Every school district operating schools is required by Public Act 220 to conduct a survey and present a plan for meeting the educational needs of its resident handicapped children and youth. Even though the handicapped children and youth are actually being served by another school district or agency, each local district must account for these children in its plan. Cooperation planning for the educational needs of children and youth is encouraged where it is appropriate.

7.2 The following plan format should be used by local school districts for their plan to meet the educational needs of their resident handicapped children which will be submitted to the intermediate school district. This plan should be submitted to the intermediate office in its preliminary form on or before July 1, 1970, and in its final form on or before August 1, 1970.

This same format should be used by the intermediate school district for the intermediate area-wide plan which must be submitted to the Michigan Department of Education on or before September 1, 1970.

7.3 Plan Format

A. General philosophy and/or approach to meeting the educational needs of resident handicapped children and youth.

B. Summary of the educational needs of all resident handicapped children and youth based on the Phase I survey.

C. For each disability area the following information should be provided:

C-1 Age ranges to be served
C-2 Numbers of children in each age range in this disability area.
C-3 Names and addresses of the school districts and/or community agencies with whom cooperative programs for each age range are planned.

C-4 Specific goals and objectives for each age range program which will be operated by the school district either independently or in cooperation with another school district or agency.

C-5 Type of evaluation planned to determine if the goals and objectives (C-3) for each age range program are obtained.

C-6 Additional services in the plan which are beyond those listed on the Michigan Department of Education Form DS-4350, Special Education Membership Report as of December 15, 1969. Specify the type of new service and the number of students planned to be served.

C-7 List the specific types of personnel, professional and non-professional, presently employed in each age range program and the additional personnel needed to fully implement the additional services planned (C-5).

C-8 If service for individuals in this age range and disability area are not included in this plan, an explanation is to be included.

C-9 Target dates for implementation of each age range and disability area program included in the plan.

D. Community Resources

D-1 Local or intermediate resources presently available for support of special education programs.

D-11 Financial
D-12 Community agencies cooperation
D-13 Other

D-2 Local or intermediate resources needed to obtain optimum implementation of the plan to meet the needs of the resident handicapped children and youth.

D-21 Financial
D-22 Community agency cooperation
D-23 Other

E. Additional material which the local school district feels is necessary and appropriate for the explanation of its plan for educational programs to meet the needs of its resident handicapped children and youth.

F. Signature of the local or intermediate superintendent.

7.4 In addition to the above plan, each operating school district will submit Form SE-4182 for each disability area program included in its Form SE-4181 reports. The Plan for Handicapped Persons Ages 0 through 25 (Disability Areas Summary) must be submitted to the intermediate district on or before August 1, 1970. The intermediate school district will submit a copy of each SE-4182 along with the intermediate district area-wide plan to the State Department of Education on or before September 1, 1970.

8.0 SUGGESTED TIME SCHEDULE

Completion of Phase I - on or before April 15, 1970.

Organization of Planning Committee - on or before April 1, 1970

Preliminary Plans formed in Cooperation with Intermediate School District - on or before July 1, 1970

Final Local Plans Submitted to Intermediate School District - on or before August 1, 1970

Final Local and Intermediate Plans submitted from each ISD to the State Department of Education as required by law - on or before September 1, 1970 (See Section 1.0, Phase I Guidelines)

APPENDIX D

PUBLIC ACT 220

FORMS

SE-4181
11-69

Michigan Department of Education
Bureau of Educational Services
SPECIAL EDUCATION DIVISION
Box 420, Lansing, Michigan 48902

SURVEY OF HANDICAPPED PERSONS AGES 0 THROUGH 25
(DISTRICT SUMMARY REPORT)

EDUCATIONAL AGENCY	Legal Name	District Code No.	Telephone – Area Code Local No.
	Address	City	Zip Code

INSTRUCTIONS: Complete each item in detail. Return BLUE and GREEN copies to Intermediate District by APRIL 15. Intermediate District return BLUE copy to STATE address indicated above by APRIL 20. Retain WHITE copy for your record.

(CHECK ONE)

- [A] EDUCABLE MENTALLY HAND.
- [B] TRAINABLE MENTALLY HAND.
- [C] SEVERELY MENTALLY HAND.
- [D] BLIND
- [E] PARTIALLY SEEING
- [F] DEAF
- [G] HARD OF HEARING
- [H] DEAF-BLIND
- [J] PHYSICALLY HAND. (CRIPPLED)
- [K] OTHERWISE HEALTH IMPAIRED
- [L] SPEECH HAND.
- [M] EMOTIONALLY DISTURBED
- [N] OTHER CONDITIONS (TO BE SPECIFIED)

I DATA ON YOUTH BY HANDICAP

AGE ON DEC. 15	TOTAL NUMBER (IDENTIFIED)	SCHOOL PROGRAMS		NON-SCHOOL PROGRAMS				OUT OF SCHOOL			VOCATIONAL EDUCATION			
		ATTENDING PUBLIC SCHOOLS	ATTENDING NON-PUBLIC SCHOOLS	PARENT OPERATED CENTERS	MENTAL HEALTH OPERATED PROGRAMS: DAY TRAINING	MENTAL HEALTH OPERATED PROGRAMS: RESIDENTIAL	SHELTERED WORKSHOPS	LEGALLY EXCLUDED	LISTED AS DROPOUTS	HIGH SCHOOL GRADUATE	SPECIAL ED. OPERATED: CLASS	SPECIAL ED. OPERATED: WORK EXP.	VOCATIONAL ED. OPERATED: CLASS	VOCATIONAL ED. OPERATED: WORK EXP.
10-11	12-16	17-20	21-24	25-28	29-32	33-36	37-40	41-44	45-48	49-52	53-56	57-60	61-64	65-68
UNDER 1														
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														

II (Continued) DATA ON YOUTH BY HANDICAP

AGE ON DEC 15	AWAITING DIAGNOSIS	DIAGNOSED AWAITING PLACEMENT	REGULAR CLASS PLACEMENT		SPECIAL CLASS PLACEMENT	RECEIVING SUPPORTIVE SERVICES FROM PUBLIC SCHOOL OR AGENCY							
			FULL TIME	PART TIME		SCHOOL SOCIAL WORKER	SPEECH CORRECTION	VOC REHAB.	OCCUP THERAPY	PHYSICAL THERAPY	HOMEBOUND & HOSPT.	PSYCH SERVICES	TEACHER COUNSELOR OR TEACHER CONSULTANT
12-11	12-16	17-21	21-24	25-28	29-32	33-36	37-40	41-44	45-48	49-52	53-56	57-60	61-64
UNDER 1													
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													

CERTIFICATION: I certify that the information submitted is true and correct to the best of my knowledge.

DATE _____ LOCAL AUTHORIZED OFFICIAL _____ (Signature)

CONTACT PERSON _____ (Signature)

DATE _____ INTERMEDIATE AUTHORIZED OFFICIAL _____ (Signature)

SE-4180
1/70

(CHECK ONE)

[redacted]

B Trainable Mentally Hand.
C Severely Mentally Hand.
D Blind
E Partially Seeing
F Deaf
G Hard of Hearing
H Deaf-Blind
J Physically Hand. (Crippled)
K Otherwise Health Impaired
[redacted]
[redacted]
N Other Conditions (To Be Specified)

Michigan Department of Education
Bureau of Educational Services
SPECIAL EDUCATION DIVISION
Box 420, Lansing, Michigan 48902

SURVEY OF HANDICAPPED PERSONS AGES 0 THROUGH 25

(INDIVIDUAL REPORT)

EDUCATIONAL AGENCY	Legal Name	County No. – District No.	Telephone – Area Code Local No.
	Address	City	Zip Code

INSTRUCTIONS: Fill in the child's name and put an X in the boxes appropriate for that child. If legally excluded place DATE in column 11.
Send the GREEN copy by APRIL 15, 1970 to the Intermediate School District. Retain the WHITE for your record.

DATA ON YOUTH BY HANDICAP

NAME			DATE OF BIRTH	SEX	GRADE LEVEL	SCHOOL PROGRAMS		NON-SCHOOL PROGRAMS				OUT OF SCHOOL			VOCATIONAL EDUCATION				AWAITING DIAGNOSIS	DIAGNOSED AWAITING PLACEMENT	REGULAR CLASS PLACEMENT		SPECIAL CLASS PLACEMENT	RECEIVING SUPPORTIVE SERVICES FROM PUBLIC SCHOOL OR AGENCY							
						Attending Public Schools	Attending Non-Public Schools	Parent Operated Centers	Mental Health Operated Programs: Day Training	Mental Health Operated Programs: Residential	Sheltered Workshops	Legally Excluded Date	Listed As Dropouts	High School Graduate	Special Ed. Operated: Class	Special Ed. Operated: Work Exp.	Vocational Ed. Operated: Class	Vocational Ed. Operated: Work Exp.			Full Time	Part Time		School Social Worker	Speech Correction	Voc Rehab.	Occup Therapy	Physical Therapy	Homebound & Hospt.	Psych Services	Teacher Counselor or Consultant
Last	First	Initial																												
(1)			(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)

CERTIFICATION. I certify that the information submitted is true and correct to the best of my knowledge. Local Authorized Official _____ Date _____

(CHECK ONE)

A Educable Mental, Hand.	D Blind	H Deaf-Blind	M Emotionally Disturbed
B Trainable Mental, Hand.	E Partially Seeing	J Physically Hand. (Crippled)	N Other Conditions (To Be Specified)
C Severe, Mental, Hand.	F Deaf	K Otherwise Health Impaired	
	G Hard of Hearing	L Speech Hand.	

Michigan Department of Education
Bureau of Educational Services
SPECIAL EDUCATION DIVISION
Box 420, Lansing, Michigan 48902

PLAN FOR HANDICAPPED PERSONS AGES 0 THROUGH 25
(DISABILITY AREA SUMMARY)

EDUCATIONAL AGENCY	Legal Name	County No. District No.	Telephone – Area Code/Local No.
	Address	City	Zip Code

INSTRUCTIONS: COMPLETE ITEMS FOR EACH AGE RANGE. ALL AGES 0–25 MUST BE INCLUDED IN THIS REPORT. Return BLUE and GREEN copies to Intermediate District by AUGUST 1, 1970. Intermediate District returns BLUE copy to STATE Address indicated above by SEPTEMBER 1, 1970.

AGE RANGE	TOTAL NUMBER IDENTIFIED	TOTAL PRESENTLY RECEIVING SERVICE	TOTAL AWAITING DIAGNOSIS	PLANNED SERVICES FOR INDIVIDUALS PRESENTLY UNSERVED				INDIVIDUALS NOT INCLUDED IN PLAN
				SPECIAL CLASS ONLY	SPECIAL CLASS W/SUPPORTING SERVICES	REGULAR CLASS & SUPPORTING SERVICES	SUPPORTING SERVICES ONLY	
1	2	3	4	5	6	7	8	9

Report Submitted By: _____ Date: _____